



Iowa Department of Human Services

Kim Reynolds
Governor

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Director

INFORMATIONAL LETTER NO.1892-FFS

DATE: March 2, 2018

TO: Iowa Medicaid Providers Excluding Individual Consumer Directed Attendant Care (CDAC)

APPLIES TO: Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Reminder of Alien Emergent Medical Condition of Coverage

EFFECTIVE: Immediately

On September 4, 2015, [Informational Letter 1546](#)¹, Clarification for Emergent Medical Condition of Coverage, was issued.

This Informational Letter is a reminder to providers of the services covered under the emergency medical condition and the required documentation needed to verify the emergent medical condition.

Payment for treatment of an emergency medical condition is limited to only the following services as they relate to the emergent condition:

- Inpatient or outpatient hospital services.
- Professional services related to the emergent episode, while it is emergent.
- Services of an independent diagnostic laboratory or x-ray facility related to the emergent episode, while it is emergent.

Providers are to submit the Verification of Emergency Health Care Services (VEHCS), ([English](#)² [Spanish](#)³) for individuals who are seeking coverage for an emergency medical condition. Providers are to complete the section labeled "To be completed by the provider" with all important information so the department has a record of what specific emergency occurred and what service(s) was provided. The VEHCS form must include the date(s) of service and a clear and understandable description of the emergency medical condition.

Payment of an emergency medical condition claim will be based on the information provided on the VEHCS form. Claims will be reviewed for any emergency diagnosis or symptoms listed on the VEHCS form. Professional medical judgement will be used to determine whether or not the claim will be paid.

¹ https://dhs.iowa.gov/sites/default/files/1546_ClarificationofEmergentMedicalConditionCoverage.pdf

² <http://dhs.iowa.gov/sites/default/files/470-4299.pdf>

³ <http://dhs.iowa.gov/sites/default/files/470-4299S.pdf>

Should a claim for an emergent condition deny, providers may request further review and a written response from the IME by:

- Submitting a [Provider Inquiry](#)⁴ form.
- Including a copy of the claim form with the Provider Inquiry and;
- All necessary documentation of services rendered.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at imeproviderservices@dhs.state.ia.us.

⁴ <http://dhs.iowa.gov/sites/default/files/470-3744.pdf>